

Application Form CDS2008 *Please type or print clearly*

Surname/Family Name (as on passport):

First (given) names:

Sex: Please tick as appropriate Male Female

Degree(s)/Qualifications.....

Position/title.....

Institution/Department.....

Institutional Address: Address for correspondence if different:

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_____	_____
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Daytime telephone (include country and area code).....

Daytime fax (include country and area code).....

E-Mail address.....

Emergency contact name:

Telephone number:

Please state why you wish to attend the Cambridge Diabetes Seminar 2008

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List 3 topics you are most interested in learning about at CDS2008

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Applications including an up-to-date Curriculum Vitae must be submitted before Friday 22nd February 2008.

Address for Contact: query-CDS2008@mrc-epid.cam.ac.uk or

Dr Nita Forouhi & Professor Nick Wareham, CDS2008, MRC Epidemiology Unit, Institute of Metabolic Science, Box 285, Addenbrooke's Hospital, Hills Road, Cambridge. CB2 0QQ.